



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY  
2545 LAWRENCEBURG ROAD  
FRANKFORT, KENTUCKY 40601  
PHONE: 502-564-8963  
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**NREMT EMT-BASIC WRITTEN EXAM REQUEST FORM**

**Request must be mailed or faxed to KBEMS to reserve and assure you a seat for the exam. If you choose to fax this form send to the attention of Tina Spradlin. The day of the exam you will need to bring with you a fifty dollar (\$50) certified check or money order made payable to "The Kentucky State Treasurer," a twenty dollar (\$20) certified check or money order made payable to the "National Registry," a completed NREMT application and a photo-ID. Walk-ins will be accepted based on availability of space, so it is highly recommended you pre-register to reserve a spot for the exam**

Date: \_\_\_\_\_

I would like to request this application be considered for entrance into the National Registry EMT-Basic written exam.

Exam Date: \_\_\_\_\_

Location: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(last) (first) (middle)

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_

E-mail Address: \_\_\_\_\_

**YOUR COURSE INFORMATION**

Instructor's Name: \_\_\_\_\_

EMT-B Course Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date Course Ended: \_\_\_\_\_

Previous Number of Exam Attempts: \_\_\_\_\_

X \_\_\_\_\_ Signature